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## BIB DATA SHEET

CONFIRMATION NO. 6039

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/634,553	08/05/2003 RULE	435	1657	29452/39269
<b>APPLICANTS</b> Eli Cohen, Skokie, IL; Roslyn Cohen, Chicago, IL; Roger C. Carroll, Knoxville, TN;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> ** SMALL ENTITY ** 11/01/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/BIN SHEN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 27
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> MARSHALL, GERSTEIN & BORUN LLP 233 S. WACKER DRIVE, SUITE 6300 SEARS TOWER CHICAGO, IL 60606 UNITED STATES				
<b>TITLE</b> PROTOCOL AND APPARATUS FOR DETERMINING HEPARIN-INDUCED THROMBOCYTOPENIA				
<b>FILING FEE RECEIVED</b> 503	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	